



Memo

DATE: January 31, 2011
TO: Colorado Immunization Providers
FROM: Cinda Caddy Ewing, RN Public Health Nurse Consultant

SUBJECT: Updated Recommendations for the Use of Meningococcal Conjugate Vaccines

The following information is an excerpt from an article published on January 28, 2011 by the CDC related to the use of the Meningococcal Conjugate Vaccine (Menactra® and Menveo®).

On October 27, 2010, the Advisory Committee on Immunization Practices (ACIP) approved updated recommendations for the use of quadrivalent (serogroups A, C, Y, and W-135) meningococcal vaccines (Menveo, Novartis and Menactra, Sanofi Pasteur) in adolescents and persons at high risk for meningococcal disease. These recommendations supplement the previous ACIP recommendations for meningococcal vaccination.

The new recommendations approved by ACIP are 1) **routine vaccination of adolescents, preferably at age 11 or 12 years, with a booster dose at age 16 years** and 2) **a 2 dose primary series administered 2 months apart for persons aged 2 through 54 years with persistent complement component deficiency (e.g., C5-C9, properdin, factor H or factor D) and functional or anatomic asplenia, and for adolescents with human immunodeficiency virus (HIV).**

| TABLE 2. Summary of meningococcal conjugate vaccine recommendations, by risk group --- Advisory Committee on Immunization Practices (ACIP), 2010 | | |
|---|--|---|
| Risk group | Primary series | Booster dose |
| Persons aged 11 through 18 years | 1 dose, preferably at age 11 or 12 years | At age 16 years if primary dose at age 11 or 12 years |
| | | At age 16 through 18 years if primary dose at age 13 through 15 years |
| | | No booster needed if primary dose on or after age 16 years |
| HIV-infected persons in this age group | 2 doses, 2 months apart | At age 16 years if primary dose at age 11 or 12 years |
| | | At age 16 through 18 years if primary dose at age 13 through 15 years |

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| | | No booster needed if primary dose on or after age 16 years |
| Persons aged 2 through 55 years with persistent complement component deficiency* or functional or anatomical asplenia | 2 doses, 2 months apart | Every 5 years |
| | | At the earliest opportunity if a 1-dose primary series administered, then every 5 years |
| Persons aged 2 through 55 years with prolonged increased risk for exposure† | 1 dose | Persons aged 2 through 6 years: after 3 years |
| | | Persons aged 7 years or older: after 5 years§ |
| Abbreviation: HIV = human immunodeficiency virus. | | |
| * Such as C5--C9, properidin, or factor D. | | |
| † Microbiologists routinely working with <i>Neisseria meningitidis</i> and travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic. | | |
| § If the person remains at increased risk. | | |

We encourage you to review the complete summary and rationale for the recommendations at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_e%0d%0a

As with other changes in immunization recommendations, the Colorado Immunization Information System (CIIS) will be updating the current algorithm to reflect these additional doses.

For information on ordering: Contact Nicole Ortiz at (303)692-2650 or NORTIZ@state.co.us for questions.

For clinical questions regarding the use of Meningococcal Conjugate vaccine contact your regional CDPHE immunization nurse consultant: <http://www.cdphe.state.co.us/dc/Immunization/resources.html>, or me at: 866-896-1586, or by email at: cinda.ewing@state.co.us.

Thank you for your efforts to immunize the children of Colorado!